

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1					
13		1				
14						
15						
16						
17						
18						
19		1				
20						
21		1				
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	16	↓	↓	↓	↓	↓
TOTAL CLAIMS	21	↓	↓	↓	↓	↓

	* IND.		* DEP.		* IND.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓	↓	↓
TOTAL CLAIMS		↓	↓	↓	↓	↓